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	Title	See Attachment A
	Art Unit	See Attachment A
	Examiner Name	See Attachment A
	Attorney Docket Number	See Attachment A

I hereby revoke all previous powers of attorney given in the above-identified application

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Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ Firm or Individual Name Lisa M. Treanor, Morse, Barnes-Brown & Pendleton, P.C.

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I am the:

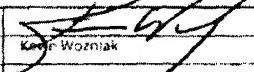
☐ Applicant/Inventor

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	9/28/2008
Name	Lisa M. Treanor	Telephone	404-894-6287
Title and Company	Director, Office of Technology Licensing, Georgia Tech Research Corporation		

NOTE Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

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